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February 16, 2006

The meaning of Reform?

To improve something by removing faults; to get rid of unacceptable habits; reorganization and improvement;

I believe Mental Health Reform was suggested in the state of North Carolina with the best of intentions to move our loved ones back into their own communities, where they should be able to find not only professional help, but the support of their families and loved ones in their own community. Of course, that was also the idea behind “community mental health” from the 1960’s. Reform would transition the Local Management Entities into a manager of services where they were once the provider of services. And on the surface, this appears to be a wonderful proposition. But 4 years into the progression of Reform in North Carolina still leaves us with many open ended questions and looming worries of just how the communities will be able to rise to the challenge they have been given.

The impact of Reform

From my viewpoint as a family member, advocate and a LME board member, I see North Carolina’s Reform as a movement of swift transition. We are faced with working with a system that is still being created and changed as we move through it. It’s as though we are playing in a ballgame and the rules are being created as we go. Many of these defining characteristics of the Reform have allowed clients to “fall between the cracks”, when they do not necessarily fall into the specific definition given to a criteria or diagnosis. Even one person being left behind is critical, especially if that one is your loved one. If all LME’s are as conscientious as the one in which I am involved, and I believe they all strive to be, they are concerned with how this Reform is impacting the service of the clients they have worked so hard to assist in their recovery. Many services have already been divested out to private providers, but as most of us are aware, this transition has not been flawless. There are many hours of work yet to be done to insure that the client’s best interest is being served.

The take home message for the LOC

Reform/Transition is happening. As family members and advocates, it is our responsibility to assist you, the legislators, the LME’s, the private providers, in guiding this movement to be in the best interest of our loved ones. I feel a personal obligation to continue to help you and others understand that mental illnesses/brain disorders are no different than any other chronic illness that we address on a daily basis. Unfortunately, due to the stigma attached to “Mental Illness”, depression is not approached/addressed in the same way that cancer or heart disease is addressed. As my dad was in his last stages of bone cancer, he was embraced by community and comforted by their empathy. While his grandson was experiencing a diagnosis of bipolar disorder, he experienced a community of silence. This I believe is my mission to help that “silent community” understand that mental illness is not a “lifestyle choice” but a neurobiological disorder, that must be medically dealt with, just as cancer, diabetes or heart disease.

I understand that out of those who seek treatment in our state funded mental health arena, only one-third of those have Medicaid assistance. Those are the ones that can and will be serviced

based on the new Service Definitions. So what is to be with the other two-thirds? This is where we ask for your assistance to see that these folks do not fall between the cracks. That they will be served and that our system will be funded as it needs to be and not under funded as it is today. The state only spends approx \$400.00 per person annually on these clients. I ask you to look at your own medical care, simply for preventative maintenance, yearly check ups and ask you if you could meet those minimum medical requirements with just \$400.00 per year.

I would also ask you to look at crisis service within the community. Please consider funding this at a sufficient level, which will vary from community to community. This will be your immediate answer to reducing hospitalization. With proper crisis service in the community, our loved ones can be cared for expediently and at a level that would allow them to stay within the community and continue with their own personal recovery. Recovery is a word we are using more and more in our world these days. A wonderful word which means that with proper care, our loved ones are now back in the working, social, community world that was once so far out of their reach. But due to newer, more effective medications, they are able to be independent, where once they could only hope for mere existence. I do not believe the care they need can be achieved with a level of funding of only \$400.00 per year per person.

And lastly, I would leave you with the thought that parity must be passed in the state of North Carolina for all. Other states have approved parity and all without “breaking the bank”. Tell me how mental illness, a brain disorder, is different from other chronic illnesses like diabetes, heart disease, and asthma? So why is it treated differently by insurance carriers?

It is my hope, perhaps not within my lifetime, but perhaps my son’s lifetime, that stigma of mental illness will become a thing of the past. That in his generation, they will understand that this stigma is much like the civil rights movement of the last century. We have made great strides, but we have much more to do.

Thank you for allowing me to be here today, to speak out and advocate for those that might otherwise not have a voice. It is my privilege to speak on their behalf.